

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/582576

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2		/		/			52			/			
3		/		/			53			/			
4		/		/			54			/			
5		/		/			55			/			
6		5		/			56			/			
7	/		/				57			/			
8		/		/			58			/			
9		/		/			59			/			
10		/		/			60			/			
11		3		/			61			/			
12		0		/			62			/			
13	/		/				63			/			
14		/		/			64			/			
15		/		/			65			/			
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22		2		2			72						
23		/		/			73						
24		0		/			74						
25		/		/			75						
26		/		/			76						
27		2		2			77						
28	/		/				78						
29		0		/			79						
30		0		/			80						
31		0		/			81						
32		0		/			82						
33		0		/			83						
34	/		/				84						
35		/		/			85						
36		/		/			86						
37	/		/				87						
38		0		/			88						
39		0		/			89						
40		0		/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	61	←		←
TOTAL CLAIMS							TOTAL CLAIMS			67			